



ACA Learning Series

Massachusetts Health Care Training Forum (MTF)

April 2015

Agenda



- Review of Health Connector and MassHealth Policies
 - Special Enrollment Period (SEP) Policy Review
 - Updates to online and paper applications
 - Helpful Tips for Completing an Application: MassHealth Renewals
- Using the Online Application: Assister Tips
- Student Health Insurance
- Health Connector Payments
- FAQs

Special Enrollment Period (SEP) Policy Review

Enrollment Opportunities

Anyone can apply for health benefits at any time during the year for such programs as MassHealth, HSN, or CMSP but special rules apply to when people can enroll in Health Connector coverage.

Open Enrollment for individuals seeking coverage through the Health Connector:

- During the Open Enrollment period, anyone can fill out an application and enroll in health or dental insurance if they qualify for coverage
- The 2015 Open Enrollment period started November 15, 2014 and ended on February 15, 2015 for 2015 coverage
- The 2016 Open Enrollment period will begin on November 1, 2015 and end on January 31, 2016 for 2016 coverage

Closed Enrollment:

- Closed Enrollment began on February 16, 2015
- During Closed Enrollment, individuals can fill out an application for health or dental insurance but may not be able to ENROLL in a new or different qualified health plan even if they are eligible (note this does not apply to enrollment in MassHealth or a dental plan)
- In certain situations – like getting married or qualifying for ConnectorCare – individuals may qualify for a **Special Enrollment Period (SEP)**, which gives them with a short period of time to enroll in the qualified health plan they are eligible for

Special Enrollment Periods

- If an individual qualifies for an SEP, they can enroll in or change health insurance outside the annual Open Enrollment period
 - New members can sign up
 - Existing members can add or remove members from their plan or change plans altogether
- Certain life changes, like getting married, having a baby, or losing job-based health insurance are changes that would allow a person to qualify for an SEP
- Changes that allow an individual to qualify for an SEP are called **Qualifying Life Events**
- An SEP gives someone 60 days from the date of the qualifying life event to select a new plan
 - Individuals may pay after the 60 day window, but they must submit a plan selection in the shopping process within 60 days—a plan in their shopping cart is not enough

Qualifying Life Events

- Gains a dependent or becomes a dependent as a result of:
 - Marriage
 - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Loses a dependent because of death, divorce or legal separation
- Moves to Massachusetts or gains access to new plans as a result of a permanent move
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare or has a plan type change
- Is enrolled in Health Connector coverage and
 - Becomes newly eligible for Premium Tax Credits; or
 - Experiences a change in cost sharing reductions
- Administrative reasons:
 - Start or end of a ConnectorCare premium waiver
 - Exceptional circumstances
 - Waiver from the Office of Patient Protection
 - Erroneously enrolled or not enrolled

NOTE: A new applicant who applies during closed enrollment and is determined eligible for tax credits does NOT qualify for an SEP as a result.

A member already enrolled in a QHP who has a change in eligibility for tax credits can switch plans as a result.

ConnectorCare SEPs

- Becoming newly eligible for ConnectorCare gives consumers 60 days to enroll from the date of the eligibility determination
- ConnectorCare members cannot change plans unless they experience a new qualifying event
- The new system will look at any existing eligibility to determine if consumer is newly eligible
 - Example: John applies on 5/1 and is determined ConnectorCare eligible. He has 60 days to shop. He picks a plan and pays his first premium by the due date and is enrolled in a ConnectorCare plan.
 - In July, John reports a change to his application that results in a slight change in his income but doesn't change his ConnectorCare Plan Type. He cannot change plans unless he has another qualifying event.

Member Transition



Any individuals transitioning from Commonwealth Care or MassHealth will qualify for an SEP in one of two ways.

1. If someone is coming from one of these programs, they have a loss of MEC; which is a qualifying event triggering a 60-day window from the date they lost their prior coverage
 - hCentive will not automatically recognize prior coverage provided through another system (MA-21 or HIX), so members will be asked to submit proof of the loss of coverage.
 - Loss of MassHealth Temporary Coverage from 2014 will be deemed a loss of MEC, but similar to loss of MEC provided through another system, this SEP will not be automatic
 - These members should answer that they lost MEC in the SEP questionnaire
 - See the **Administrative Information Bulletin 02-15**: in the Rules and Regulations section on MAhealthconnector.org for more information
 - Remember, those who qualify for MassHealth can apply and enroll anytime during the year
2. If someone is coming from one of these programs and they become newly eligible for ConnectorCare, the eligibility determination for ConnectorCare is considered a qualifying event

Updates to the Online and Paper Applications

System Identification of Qualifying Life Event



During every eligibility determination outside of open enrollment, the system should identify if an applicant automatically meets a Qualifying Event and is eligible for a Special Enrollment Period.

The system will be able to automatically determine if a person meets a qualifying life event if the following reasons apply:

- Individual is newly eligible for ConnectorCare;
- Individual was previously eligible for a MassHealth benefit that meets Minimum Essential Coverage (MEC) within the marketplace. If determined outside (i.e. MA21 or HIX), they will be asked to submit proof of the loss of MassHealth coverage; if the consumers prior coverage was determined through hCentive it will be automatic.
- At least one member in the eligibility household is APTC eligible and was enrolled in an unsubsidized Health Connector plan;
- At least one member in the eligibility household is eligible for a different plan type level and enrolled in an Health Connector plan; or
- At least one member in the eligibility household is an American Indian or Alaska Native

Note: Individuals eligible for MassHealth will be allowed to enroll at anytime during the year.

Special Enrollment Period: Logic



The Marketplace will calculate 60 days from Qualifying Life Event.

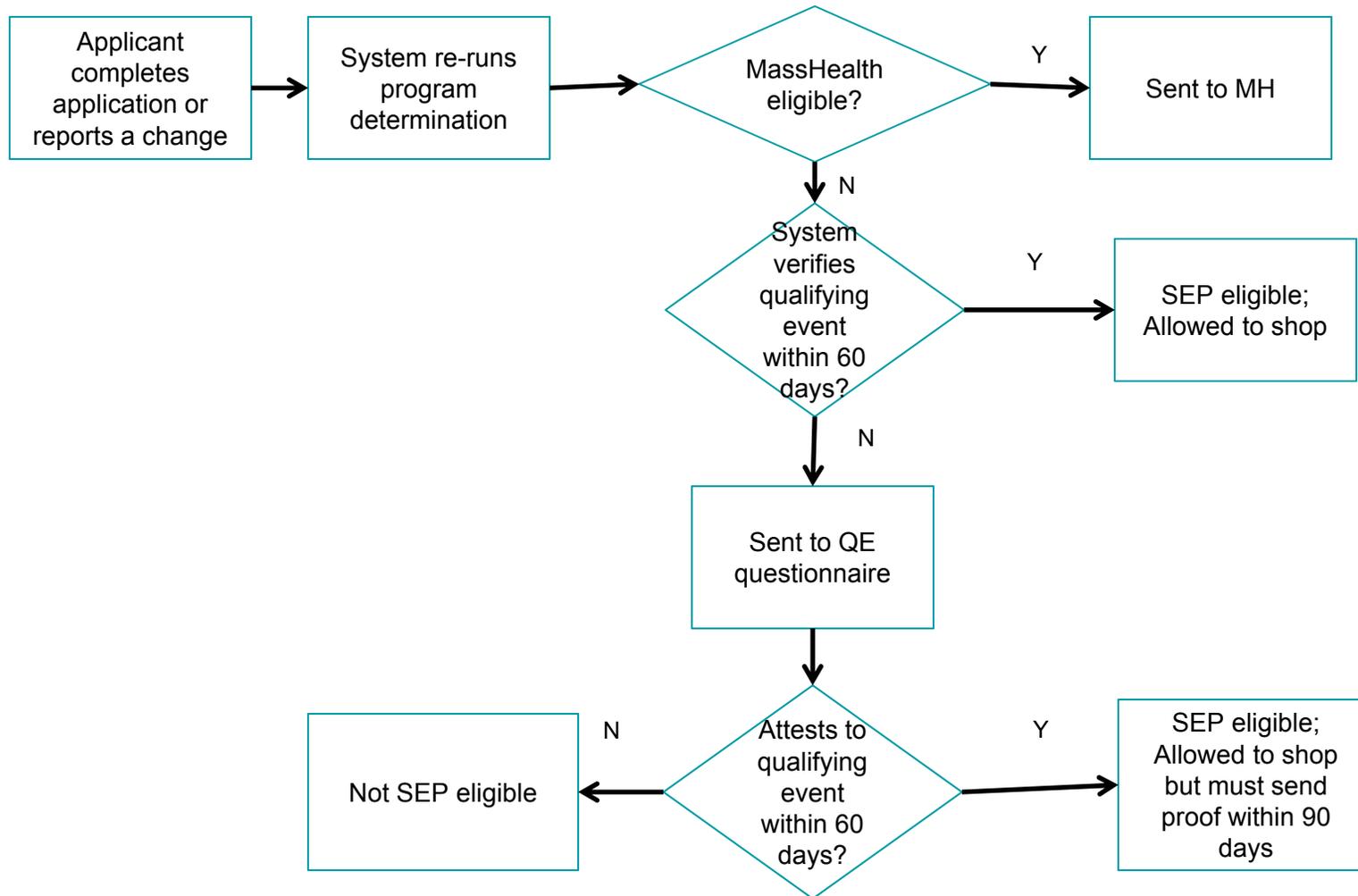
If the person indicates that a Qualifying Life Event occurred, the following logic will be applied:

- If Qualifying Life Event occurred within the past 60 days – Allow individual to enroll in coverage
- If Qualifying Life Event occurred more than 60 days in the past – Do NOT allow individual to enroll in coverage

If a person is eligible for SEP (Qualifying Life Event occurred in past 60 days), they will only have 60 days from the qualifying life event to enroll in health insurance coverage.

If an individual enrolls in coverage within the 60 day period but fails to send in proof of their qualifying event, coverage will be terminated going forward.

Applicant Experience Overview



Applicant Experience: Verified SEP Eligibility



Household[1] - Application Result FPL : 239.93

This household also qualifies to receive a tax credit to help lower monthly health coverage costs.

For lowering health coverage costs the people below who qualify for premium assistance will receive a maximum Advance Premium Tax Credit in the amount of: \$ 38 ⁹⁶

NAME	PROGRAMS ELIGIBLE FOR	DOCUMENTS REQUIRED
Paige Pratt	ConnectorCare Plans (Advance Premium Tax Credit plus Massachusetts state subsidy) <i>i</i>	Proof of Residency Proof of Income Proof of U.S. Citizenship Status Proof of New address Proof of former address

Your household is eligible for Special Enrollment Period:

You can enroll in a new or different health insurance plan on or before 04/03/2015 .If you would like to enroll in new or different coverage, you must choose a plan and pay the first monthly premium before coverage can start.

Please note: Make sure you understand who can qualify as an eligible dependent in your tax household before you enroll in a health or dental family plan. A list of eligible dependents can be found in the Health Connector policy on [Dependent Eligibility\(NG-3A\)](#). If you buy a plan as a family and include people who do not qualify as a dependent, your insurance carrier could reject your enrollment and retroactively cancel your coverage.

Submission date = 02/02/2015

Note: language in the red box will still show after 60 days. Users will need to note the SEP end date to determine if they can still take action

Special Enrollment Period: Questionnaire



If the system does NOT automatically determine a household eligible for a Special Enrollment Period, a Questionnaire is displayed based on whether the household is submitting a new or modified application.

Marketplace will ask if any of the following apply:

- Did any of the following people in the household lose health coverage or expect to lose it?

Note: If an individual has received a renewal form from MassHealth and this questionnaire is displayed it means the system has determined that due to a change in their circumstances, they are no longer eligible. Applicants subject to MassHealth renewals should answer “YES” to this question and use the application date to answer the question about when coverage ended/will end

- Did any of the following people gain a dependent or become a dependent?
- Did anyone in your household who was not previously a lawfully present immigrant become a lawfully present immigrant?
- Did anyone in your household recently move to Massachusetts, or will anyone move to Massachusetts soon?

Special Enrollment Period: Questionnaire (*cont'd*)



If the person checks YES to any of the Qualifying Life Events, they will be asked:

- WHO in the household experienced the change; and
- WHEN the change occurred (or will occur)

If the system recognizes that a person was removed from the household, a question is displayed online to determine the reason.

- The questionnaire will ask: “We noticed that you removed an individual from your household. Please tell us why.”
- Dropdown will provide reasons (i.e. divorce, death) and will ask for date of occurrence

Applicant Experience: SEP Questionnaire



Please select any of the below options to qualify for coverage outside Open Enrollment Period

Did any of the following people in the household lose health coverage or expect to lose it? [i](#)

Note: If you have MassHealth now or in the past 60 days answer yes to this question.

Yes No

Did any of the following people in the household gain a dependent or become a dependent? [i](#)

Yes No

Did anyone in your household become a lawfully present immigrant? Only answer "Yes" if this person was not lawfully present when you originally applied. [i](#)

Yes No

Did anyone in your household recently move to Massachusetts, or will anyone move to Massachusetts soon? [i](#)

Yes No

Applicant Experience: SEP Questionnaire (cont'd)



Qualifying Life Events

[Learn more about Qualifying Events](#)

Please select any of the below options to qualify for coverage outside Open Enrollment Period

Did any of the following people in the household lose health coverage or expect to lose it? [ℹ](#) Yes No

Who has lost health coverage in the household?

Erin Rashid

Did any of the following people in the household gain a dependent or become a dependent? [ℹ](#) Yes No

Did any of the following people in the household recently get married?

Yes No

Has there been a birth in your household?

Yes No

Was anyone recently added to your household through adoption, foster care, or court order care?

Yes No

Did anyone in your household become a lawfully present immigrant? Only answer "Yes" if this person was not lawfully present when you originally applied. [ℹ](#) Yes No

Did anyone in your household recently move to Massachusetts, or will anyone move to Massachusetts soon? [ℹ](#) Yes No

Who recently moved or will move to Massachusetts?

Erin Rashid

Save and Continue

Applicant Experience: Proof of Qualifying Event Required



If the individual attests to a qualifying event in the 60 day window via the questionnaire, they will then see this screen indicating they may shop but must submit proof of their qualifying event.

Household[1] - Application Result FPL : 308.48

This household also qualifies to receive a tax credit to help lower monthly health coverage costs.

For lowering health coverage costs the people below who qualify for premium assistance will receive a maximum Advance Premium Tax Credit in the amount of: \$ 0⁰⁰

NAME	PROGRAMS ELIGIBLE FOR	DOCUMENTS REQUIRED
Paige Pratt	Health Connector Plans with an Advance Premium Tax Credit <i>i</i>	Proof of Residency Proof of Income Proof of U.S. Citizenship Status Proof of New address Proof of former address

Your household is temporary eligible for Special Enrollment Period:

You can enroll in a new or different health insurance plan on or before 04/02/2015 . You must send us proof of Moved to MA no later than 05/03/2015 if not, your SEP enrollment may be cancelled. If you would like to enroll in new or different coverage, you must choose a plan and pay the first monthly premium before coverage can start.

Please note: Make sure you understand who can qualify as an eligible dependent in your tax household before you enroll in a health or dental family plan. A list of eligible dependents can be found in the Health Connector policy on [Dependent Eligibility\(NG-3A\)](#). If you buy a plan as a family and include people who do not qualify as a dependent, your insurance carrier could reject your enrollment and retroactively cancel your coverage.

Submission date = 02/02/2015

Paper Application Changes



Paper applications:

- Subsidized application (ACA-3) will include qualifying life event questionnaire as a supplement
- Unsubsidized application will include qualifying life event as a new section



Special Enrollment Period Form

You must complete and submit an application for health insurance along with this form. Don't submit this form by itself.

- Complete this form if anyone submitting a paper application needs to get health insurance after the open enrollment period has ended.
- Certain life events allow you to get coverage during a special enrollment period with the Health Connector, even though open enrollment has ended.
- You can enroll any time of year without one of the life events below if:
 - ▶ You qualify for MassHealth.
 - ▶ You now qualify for a ConnectorCare plan through the Health Connector after not having qualified in the past, or after applying for the first time.
 - ▶ You are a member of a federally recognized tribe or Alaska Native shareholder.
- If you haven't had any of the life events below, you do not have to fill out this form.

Life events: Tell us about any of the following changes in your household.

1. Someone lost health coverage in the last 60 days, or expects to lose it in the next 60 days.

Names <input type="text"/>	Date coverage ended or will end (mm/dd/yyyy): <input type="text"/>
----------------------------	--

▶ Did coverage end because of not paying premiums? Yes No

▶ Did coverage end because you chose to cancel it? Yes No

2. Someone added a household member because of a marriage in the last 60 days.

Names <input type="text"/>	Date of marriage (mm/dd/yyyy): <input type="text"/>
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New Notice: Enrollment Request for Information



A notice will be sent to households that must submit proof in order to enroll for health coverage during closed enrollment.

- If an individual is sent an Enrollment Request for Information, the letter will inform them that they must send in documents in order to keep coverage
- This notice is separate from the Eligibility Request for Information sent to obtain verification of eligibility for benefits, so members may get two request letters
 - If a verification is required for both eligibility and enrollment (e.g., proof of American Indian status), it will be requested on the eligibility version of the letter
- Proof of Enrollment documents should be sent to the Health Connector:
 - **Mail:** 133 Portland Street, 1st Floor Boston, MA 02114-1707
 - **Fax:** to 617-887-8745

Note that Eligibility verifications must be sent to a different location.

Key Takeaways

Please keep this information in mind as you work with consumers to help them apply for health insurance coverage:

- These closed enrollment rules do not apply to those consumers who are eligible for immediate health coverage through such programs or services as MassHealth, the Health Safety Net (HSN) or the Children's Medical Security Program (CMSP)
- Becoming newly eligible for ConnectorCare gives the consumer 60 days to enroll in their health insurance plan.

Helpful Tips for Completing an Application: MassHealth Renewals

Helpful Tips for Completing an Application for MassHealth Renewals



The Start Your Application section:

- Include all members of their household who are on MassHealth and any additional members in the household who are seeking coverage.
- Indicate that all family is seeking help paying for some or all of their health insurance.

A screenshot of a web form titled "Do you want help paying for health coverage costs?". Below the title is a horizontal line. Underneath, the text "Who needs health insurance?*" is followed by three radio button options: "Erin J Rashid Jr. only", "Erin J Rashid Jr. and other family members" (which is selected), and "Other family members, not Erin J Rashid Jr.". To the right of this section is the text "* Required Information". Below the radio buttons is another question: "Do you want to find out if you/your family can get help paying for some or all of your health insurance?*" with "Yes" selected and "No" as an option. At the bottom right of the form, there is a small box containing the text: "If you click 'Yes' you can go through the application now to get help paying for some or all of your health coverage. You".

The Additional Questions section:

- MassHealth specific questions if an applicant(s) current insurance is MassHealth, they should answer NO to the question “Do you have health insurance now?”
- If they have other insurance through Medicare, your employer, Veterans or TRICARE or any other sources OTHER than MassHealth they should answer yes and proceed to provide additional information.

Tips for SEP and MassHealth Renewals



- When assisting those with MassHealth renewals complete the application, before you reach the signature page the Special Enrollment Period (SEP) questions may appear near the end of the application.
- The applicant may encounter these questions because they and/or members of the household may no longer be eligible for MassHealth. The applicant will need to take these steps:
 - **Step 1:** Click “Yes” to the first question “Did any of the following people in the household lose health coverage or expect to lose it?”

Please notice NEW text for those who have had MassHealth now or in the past 60 days

Please select any of the below options to qualify for coverage outside Open Enrollment Period

Did any of the following people in the household lose health coverage or expect to lose it? [i](#)
Note: If you have MassHealth now or in the past 60 days answer yes to this question. Yes No

Did any of the following people in the household gain a dependent or become a dependent? [i](#) Yes No

Did anyone in your household become a lawfully present immigrant? Only answer "Yes" if this person was not lawfully present when you originally applied. [i](#) Yes No

Did anyone in your household recently move to Massachusetts, or will anyone move to Massachusetts soon? [i](#) Yes No

Tips for SEP and MassHealth Renewals (cont.)



- **Step 2:** Select the people in the household who are current MassHealth members and for the coverage end date, enter the date you are completing the application.
 - **Note** –Current MassHealth member’s coverage will not end on the date of their application. After the application is submitted, MassHealth and the Health Connector will send another letter letting them know when their coverage will be ending and any additional next steps the applicant will need to take to enroll in their new coverage.
- **Step 3:** Answer “No” to both the questions below the date. Then, click the “Save and Continue”

Qualifying Life Events

Please select any of the below options to qualify for coverage outside Open Enrollment Period

Did any of the following people in the household lose health coverage or expect to lose it? Yes No

Who has lost health coverage in the household?
Note: IF YOU HAVE MASSHEALTH NOW: Check off the name(s) below and enter today's date as the coverage end date.
IF YOUR MASSHEALTH ENDED WITHIN THE PAST 60 DAYS: Check off the name(s) below and enter the last day of MassHealth coverage as the coverage end date.

Paige Pratt

- Please enter the coverage end date?
- Did Paige Pratt lose health insurance because of not paying premiums?
 Yes No
- Did Paige Pratt choose to cancel coverage?
 Yes No

Pete Pratt

Penelope Pratt

Answer “No” to each of these questions for each family member that is renewing.

Enter today’s date in MM/DD/YYYY format (for example: 04/17/2015)

Using the Online Application: Assister Tips

Entering Immigration Information



- It is very important that Assisters take extra caution when entering immigration status information
- The screen on the next page appears only if the applicant fails the 1st check with the Federal Data Services Hub and is then required to provide more information as part of their attestation of Immigration Status
- The Health Connector and MassHealth use the information provided on this screen to determine their coverage during the provisional period

Entering Immigration Information



- It is important to understand that by selecting “None of the above”, the applicant will be considered Not Lawfully Present
- If a person indicates that they are not Lawfully Present, they are ineligible for Health Connector coverage, and only eligible for MassHealth Limited and/or HSN (unless pregnant)



Federal services are unable to verify your citizenship/immigration status at this time. Please choose an immigration status from the list below that best represents you so that we can provide you with benefits. You may also be asked to provide supporting documentation. *

- Amerasian
- Granted asylum
- Cuban Haitian entrant
- Deportation Withheld
- Native Americans born in Canada or non U.S. territories
- Refugee
- Victim of severe trafficking or his or her spouse, child, sibling or parent.
- Iraqi Special Immigrant
- Afghan Special Immigrant
- Conditional entrant granted before 1980
- Veteran or active duty member of military or his/her spouse or dependent
- Lawful permanent resident
- Granted parole for at least one year
- Battered spouse or child (or his or her parent or child)
- Non-immigrant status (visa)
- Granted parole for less than one year
- Granted temporary resident status
- Granted Temporary Protected Status (TPS) or applicant for TPS with employment authorization
- Granted employment authorization under 8 CFR 274a(12)(c)
- Family Unity beneficiaries
- Deferred Enforced Departure
- Deferred Action Status except for Deferred Action for Childhood Arrivals Process (DACA)
- Granted an administrative stay of removal under 8 CFR 241
- Approved visa petition with a pending application for adjustment of status
- Applicant for asylum or for withholding of removal with employment authorization
- Applicant (for at least 180 days) under age 14 for asylum or withholding of removal
- Granted Withholding of Removal under the Convention Against Torture
- Applicant for Special Immigrant Juvenile status
- Applicant or granted status under Deferred Action for Childhood Arrivals (DACA)
- I have a document but do not have any of the statuses listed above (Person Residing Under Color of Law, PRUCOL)
- None of the above

Income Guide



The income portion of the application is critical to getting the correct program determination for the consumer. An income guide was created to go over how to properly answer the questions.

- We have noticed that some people are not entering any information in the Projected Income field, while others are entering a lump sum in the current income field
 - The results of these types of errors may give a person an incorrect Health Connector or MassHealth program determination
- It is very important that Assisters take extra caution when entering seasonal income for consumers
- These steps should be followed (see next page):

Projected Income



Differentiating projected and current income is important as this information is being collected for both MassHealth and Health Connector programs. Some consumers are entering the wrong information in these fields and getting an incorrect eligibility determination as a result

Annual Income

Please enter your expected Modified Adjusted Gross Income (MAGI) for 2015. MAGI is based on the 1040 tax form. If you believe your income in 2015 will be similar to your last tax return, you can use last year's tax return as a tool.

A good estimate of your household MAGI can be calculated by adding the income found on lines 7-22 of the standard 1040 tax form. This includes wages, salaries, tips, alimony received, capital gains, pensions, rental real estate, farm income, social security benefits, unemployment benefits, etc.

Next, subtract deductions from lines 23-36 which include tuition and fees, student loan interest, self-employment deductions, health savings account deductions, moving expenses, alimony paid, etc.

Lastly, add back in any of the following that apply to you: any foreign earned income excluded from taxes, tax-exempt interest, and tax exempt social security income. Please remember to include income from all household members, including dependents with taxable income.

List income below according to who receives it (e.g. job income). If there is any income you receive together (e.g. sale of shared property), only list it once.

What do you expect O P Mastermind Sr.'s yearly income will be in 2015? *

\$

Back Save and Continue

Provide the individual's **projected annual** income for 2015 on this line.

Current Income

After entering the projected income for the year of 2015, the next question is about what the consumer's current income is

O P Mastermind Sr.'s **Current Income**

Select Income Sources

Does O P Mastermind Sr. have any income? * 

Yes No

Check all that apply.

- Job
- Self-Employment
- Social Security Benefits
- Unemployment
- Retirement
- Capital Gains
- Investment Income
- Rental or Royalty Income
- Farming or Fishing Income
- Alimony Received
- Other Income

This should be answered for the month in which the application is completed. If the consumer has any current income they should click "Yes."

Entering Seasonal Income

- If seasonal income can be reasonably predicted, the applicant should provide the annual taxable income and divide by 12 to obtain a monthly income.
- For example: A retail staff on the Cape, the applicant only works during the spring and summer months, he or she should provide the months that was worked and income earned, divide it by 12, and enter it as monthly.
- This also applies to any unearned income that might be received seasonally, such as unemployment.

*All fields are required

Job Income

Name of employer: *
healthy shop

Employer Address: *
259 washington st
Address2

Falmouth 02540 BARNSTABLE MA

How much does Erin J Rashid Jr. get paid (before taxes are taken out)? Subtract any pre-tax deductions (such as non-taxable health insurance premiums). You should also tell us here about a one-time amount you got from a current or former employer this month. If you have seasonal income (i.e. income received only in certain months of the year), please enter the total amount of seasonal income received for the year.

Amount: *
\$ 833.33

Is this job a sheltered workshop?
 Yes No

How often does Erin J Rashid Jr. get this amount? If you have entered as seasonal income amount, please select yearly.
Monthly

Add Another

Back Save and Continue

Other Helpful Tips

Assisters should take extra caution when entering a consumer's name and date of birth.

- We are seeing many requests for application changes for
 - Misspelled names or;
 - A correction to a date of birth that was entered using the European formatting and dates were inverted – date of birth information should be in the MM/DD/YYYY format

Student Health Insurance (SHIP)

Student Health Insurance (SHIP)



Students that are losing their Student Health Insurance Plans (SHIP) coverage after graduation should be educated about Special Enrollment Periods.

- Students can enroll with the Health Connector within 60 days of losing their SHIP or other coverage

As a reminder:

- All full and part-time students participating in 75% of the full time requirements must participate in their school's Student Health Insurance Plans (SHIP) or else waive participation by demonstrating "comparable coverage"
 - SHIPs are offered to students directly through the college/university
 - Provide minimum creditable coverage
- Students who are enrolled in subsidized coverage through the Health Connector or MassHealth are allowed to waive their school offered SHIP
- Students may continue to be covered by parent/guardians' health plan until age 26
- Catastrophic health plan options are available for students under 30

Health Connector Payments

Online Payments Tips

- The getting started guide on MAhealthconnector.org has detailed information on how to make payments for Health Connector plans
- Payments are due on the 23rd of each month for coverage for the following month (ex. Payment due Jan. 23 for Feb. 1 coverage)
- Payments for ongoing coverage are due on the 23rd of each month to keep the coverage in good standing
- When using the online payment feature (available at <https://payment.mahealthconnector.org>) be sure to enter consumer's information (like name, date of birth, and address) the same way as it was entered on the application
- Although the consumer can submit a payment immediately after making a plan selection, we recommend waiting to pay until the consumer has their first bill or at least 24 hours if the payment deadline is approaching
- If there is any problem processing a payment, the consumer will receive an email, a phone call, or a letter in the mail in order to resolve the issue
- **Consumers should not submit another payment using the online payment feature until they receive an email. A new payment should be submitted when consumer receives an error email titled 'We did not receive your payment'**
- Emails are sent each business day. Emails are sent on Monday to all consumers who made payments on Friday, Saturday and Sunday
- Include an email address when making an online payment, as email is the fastest way for us to communicate if there is a problem with payment

Making an Online Payment

After a consumer has submitted an application, they will get this pop up window. Open one of the two links in a new tab or window.

✓ You have submitted your eligibility application and selected a plan.

What's next?

You must make your first payment to complete your enrollment and begin your insurance coverage. We will send you a bill in the mail. Payment is due on the 23rd day of the month before your coverage effective date. [Click here](#) to make an online payment now. Or review all available [payment options](#) on the Connector website.

If your plan does not require you to pay a monthly premium, you will receive your coverage.

If you have any questions, please contact the Health Connector at 1-877-340-6223, MA-ENROLL (1-877-623-6765), TTY 1-877-340-6223.

[I'm Done](#)

Tip: It is helpful to use two separate tabs in a browser or two separate windows. If you use the browser's back button to go back and forth between payment screens and eligibility screens, you will lose the information on the payment screen.

Making an Online Payment (cont'd)



Then go back to the application and make note of the **Subscriber ID** and the **total premium amount**. Using this information, follow the steps in making an online payment. There are detailed steps on the **Getting Started** page of MAhealthconnector.org.

Individual Insurance Plans View Detail

Enrollment Id: RefID **1112223334445** Head of Household Name: John J Sample Submitted On: 11/18/2014 Effective Date: 01/01/2015

Subscriber Id

Plan selected for John J Sample

MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	POLICY ID	ANNUAL DEDUCTIBLE	Costs include
100⁰⁰	TUFTS Health Plan NETWORK HEALTH	Tufts Health Direct Silver HMO/Silver		0 ⁰⁰ / Person 0 ⁰⁰ / Family	

Amount

Tip: It is helpful to use two separate tabs in a browser or two separate windows. If you use the browser's back button to go back and forth between payment screens and eligibility screens, they will lose the information on the payment screen.

Making a Payment by Mail

- Fill out the check or money order completely and sign it
- Make the check or money order payable to **MA Health Connector**
- Include the detachable payment coupon with the payment
- Mail the payment to

MA Health Connector
P.O. BOX 970063
Boston, MA 02297-0063

- If a consumer is paying for both Medical and Dental Plans, they need to send a **separate payment for each plan**. Both payments may be mailed in the same envelope.*

*Consumers enrolled in a 2014 dental plan with a coverage end date in 2015 will need to continue sending their premium payments to the same address as in 2014 until their plan end date when they will need to reapply. Their current dental premium bill will show the correct payment address on the coupon:

Health Connector
P.O. Box 970008
Boston, MA 02297

Making a Payment with No Bill

- Make sure to have the exact amount of the premium
- Write the Billing Account Number on the memo field of the check or money order (this is a 9-digit number beginning with 7) or
- Write the **12-digit Member ID** on the memo field of the check or money order
- When logged into your Health Connector account
 - Go to My Enrollments → Enrollment Details
 - This is the number to the left of the name
 - Use the Member ID number of the primary **Subscriber** on the account
(this is the person identified as “SELF”)
(see image on next page)

Making a Payment with No Bill (cont'd)



Customer: John Doe

Back to My Enrollments

Enrollment details

ID	Member Name	Relationship with Subscriber	Plan Name	Enrollment Status	Effective Date From	Effective Date To
00000000000	John Doe	SELF	Sample Health Connector Plan	ENROLLED	01/01/2015	12/31/2015
11111111111	Jane Doe	SPOUSE	Sample Health Connector Plan	ENROLLED	01/01/2015	12/31/2015
22222222222	John Doe, Jr.	CHILD	Sample Health Connector Plan	ENROLLED	01/01/2015	12/31/2015

- If a consumer doesn't have either a Billing Account Number or Member ID – write the **Social Security** number of the primary member, if they have one, on the front of the check or money order

Other Tips on Payment by Mail

Be sure that:

- The check has the **name of the primary Subscriber** on it. If a relative or friend is paying for the primary account holder (and the name on the check is not the primary account holder), write the **name of the primary Subscriber** on the check
- The check has the **primary Subscriber's address** on it. If the address on the check is not the current address, write the **correct current address** on the front of the check
- If they have both Health and Dental coverage from the Health Connector, they will need to send a separate payment for each plan. Consumer will have a separate Billing Account Number for each account.

Mail check or money order to:

MA Health Connector

PO Box 970063

Boston, MA 02297-0063

Updated Payment Screens



Some changes have been made to the payments screens to improve the consumer experience.

There is now a drop down to select what type of plan you are paying for.

STEP 1 * Required Information

Subscriber Information: *
Please select whether you want to pay for your medical or dental plan.

Plan Type:

- Medical
- Medical**
- Dental

Enrollment ID

Enrollment ID:

Log into your account at www.mahealthconnector.org, click My Enrollments and find the field called "Enrollment ID." Enter **only numbers** in this field.

Individual Insurance Plans View Detail

Enrollment Id: RefID: 1112223334445 Head of Household Name: John J Sample Submitted On: 11/18/2014 Effective Date: 01/01/2015

Plan selected for John J Sample

Costs include Advance Premium Tax Credit of 100.00
Tax credit claimed: 100.00

MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	POLICY ID	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS
100.00	TUFTS Health Plan NETWORK HEALTH	Tufts Health Direct Silver HMO/Silver		0.00 / Person 0.00 / Family	750.00 / Person 1,500.00 / Family

Health Connector Insurance Bill MASSACHUSETTS HEALTH CONNECTOR
The right place for the right plan

Bill Date:	01/01/2015	Previous Balance:	\$0.00
Primary Recipient:	John J Sample	Payments Received:	\$0.00
Member ID:	123456123456	Past Due Balance:	\$0.00
Billing Account Number:	700212121	Fees/Discounts:	\$0.00
People Covered:	2	Adjustments:	\$0.00
Coverage month:	February 2015	Your Monthly Premium:	\$200.00
NO BILL MEDICAL - 07-05-13		Total Due by 01/23/2015:	\$200.00

<https://payment.mahealthconnector.org/cpcm/>

Updated Payment Screens

There is now a drop down to select what type of ID a member is using.

STEP 1 * Required Information

Subscriber Information: *
Please select whether you want to pay for your medical or dental plan.

Plan Type:
Medical

Select ID: *

- Enrollment ID
- Enrollment ID
- Social Security Number
- Billing Account Number

Log into your account at www.mahealthconnector.org, click My Enrollments and find the field called "Enrollment ID." Enter **only numbers** in this field.

Individual Insurance Plans View Detail

Enrollment ID: Ref ID: 112223334445 Head of Household Name: John J Sample Submitted On: 11/18/2014 Effective Date: 01/01/2015

Plan selected for John J Sample

Costs include Advance Premium Tax Credit of 100⁰⁰
Tax credit claimed : 100⁰⁰

MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	POLICY ID	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS
100 ⁰⁰	TUFTS Health Plan	Tufts Health Direct Silver HMO/Silver		0 ⁰⁰ / Person 0 ⁰⁰ / Family	750 ⁰⁰ / Person 1,500 ⁰⁰ / Family

Health Connector Insurance Bill 

Bill Date:	01/01/2015	Previous Balance:	\$0.00
Primary Recipient:	John J Sample	Payments Received:	\$0.00
Member ID:	123456123456	Past Due Balance:	\$0.00
Billing Account Number:	700212121	Fees/Discounts:	\$0.00
People Covered:	2	Adjustments:	\$0.00
Coverage month:	February 2015	Your Monthly Premium:	\$200.00
NO BILL MEDICAL - 07-05-13		Total Due by 01/23/2015:	\$200.00

Payment Questions



How can Assisters help a consumer with Payments?

- The Assister can direct a consumer to first review the **Getting Started Guide** on MAhealthconnector.org for detailed information on how to make payments for Health Connector plans
- The Assister should encourage the consumer to provide **an email address** if making a payment online
- The Assister can advise the consumer that they will receive a success or error email following each attempt to make a payment online
- The Assister can advise the consumer not to enter their information multiple times. For example, sometimes a user does not see a confirmation message after submitting their payment information using the online payment feature. (This is a result of cache or cookies not being cleared or using a lower version of a browser). In these cases, the information submitted by the user is normally still received by the Connector and will be processed
- The Assister and Consumer can contact the Health Connector's Customer Service center to help verify whether or not a payment has been received or to help resolve any further questions a consumer might have

Making a Refund Request

- If a consumer overpays or submits multiple payments for their health or dental insurance coverage, the amount is always applied to their account and will be used towards future premium payments
- For example, let's say the member's premium is \$100, and he owes \$100 for April coverage month due on 3/23. If the member pays \$300 on 3/23, then:
 - \$100 will be used as payment for April
 - A credit of \$200 will be shown on the bill issued on 4/1, this bill is for May coverage. \$100 of that credit will be used as payment for May coverage which is due on 4/23
 - A credit of the remaining \$100 will be shown on the bill issued on 5/1, this bill is for June coverage. This \$100 credit will be used as payment for June coverage which is due on 5/23,
- If consumer wishes to verify this, he/she can contact the Customer Service Center – no further action is needed
- If consumer wishes to request a refund, he/she should contact the Customer Service Center
- At this time, refund checks can be issued only by paper check and only in the amount of full months of overpayment. From the example above, the Health Connector can refund \$100 or \$200, but not \$250 or \$215.

Frequently Asked Questions (FAQs)

How should a member report a change in income, job, address, or to add a family member to their account?

- Members should still contact customer service to report a change

Can ConnectorCare members change plans because a physician is no longer in their current carrier's network?

- Only if a member has a qualifying event are they able to change plans. Please see the list of qualifying events on slide 6

Can ID proofing be expedited?

- The Health Connector and MassHealth are working on expediting the process of ID proofing. More information to come

FAQs (cont'd)



Can a consumer submit expired documents for the identity proofing process?

- Yes, expired documents can be submitted as proof.

How can an Assister help someone who is provisionally eligible? How can they get confirmation that documents have been received?

- Provisional Eligibility provides an applicant up to 90 days to submit Request for Information (RFI).
- Contact customer service to verify all necessary documents are received at MassHealth.

Questions?